

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/936052**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	3		/			
6	3		/			
7	R		/			
8	/		/			
9	/		/			
10	2		/			
11	2		/			
12	2		/			
13	R		/			
14	R		/			
15	R		/			
16	R		/			
17	R		/			
18	R		/			
19	R		/			
20	R		/			
21	/		/			
22	/		/			
23	/		/			
24	3		/			
25	3		/			
26	R		/			
27	R		/			
28	/		/			
29	/		/			
30	2		/			
31	R		/			
32	R		/			
33	R		/			
34	R		/			
35	R		/			
36	R		/			
37	R		/			
38	R		/			
39	R		/			
40	R		/			
41	/		/			
42	/		/			
43	/		/			
44	/		/			
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	36	←	40	←		
TOTAL CLAIMS	60		64			

	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←		↓		
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS